Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name:	Roy	Reyna		
Date Received: 2	13/13	Applicant Number:	10213	
Recommended Applicant Po	ol Status:	Final Applicant	Pool Status:	
☐Included ☐Re	emoved	Included	Removed	
REQUIREMENTS:				
Was the application received	✓Yes □No			
If NO, list time/date application was received:				
2. Is the application complete? If NO, list the item(s) that need to be completed:			□Yes □No	
3. Indicate how the applicant re	esponded to the	following questions:		
A. Student enrolled in a college/university in the City of Austin?			□Yes ☑No	
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:				
i. Reside in the Cit	y of Austin?		✓Yes □No	
ii. Registered to vo	te in the City of A	lustin?	∑yes □No	
iii. Continuously reg	istered to vote i	n the City of Austin?	√Yes □No	
iv. Voted in 3 of the	last 5 City of Au	stin general elections?	✓Yes □No	
Follow-up needed related to If YES, identify issue(s) and			□Yes ☑No	

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of inte If YES, indicate which question(s):	rest questions?
Follow-up needed related to CONFLICTS OF INTEREST If YES, identify issue(s) addressed and disposition:	? □Yes ÆNo
CONSISTENCY: 5. Are applicant answers consistent? If NO, indicate which answer(s):	ZVes DNo
Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes ☑No
Application Reviewed By: Quality Control Review By: Follow-up Contact(s) Reviewed By:	Review Date: 2/25/13 OC Review Date: 2/25/13 Date: